pplication or l	Docket I	Number
-----------------	----------	--------

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

03768/9375

(Column 1) (Column 2)						_	SMALL ENTITY TYPE		00	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			1	Colui	1111 2)	F			OR I I			
		29		P	-		RATE	FEE		RATE	FEE	
FOR		NUMBER FILED		NUMBI	ER EXTRA	Ľ	BASIC FEE	355.00	OR	BASIC FEE	710.00	
ТО	TAL CHARGEA	BLE CLAIMS	2 9 minus 20= 1		• 9	-		X\$ 9=		OR	X\$18=	162
INDEPENDENT CLAIMS 3 minus 3 =							X40=		OR	X80=	0	
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2					. <b>L</b>	TOTAL		OR	TOTAL	872		
CLAIMS AS AMENDED - PART II											OTHER	
	_	(Column 1)		(Colu		(Column 3)		SMALL E	ENTITY	OR	SMALL	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT	•	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	\$ .	RATE	ADDI- TIONAL FEE
NDM	Total	. 28	Minus	** 2	$\mathcal{C}$			X\$ 9=		OR	X\$18=	~_/
AME	Independent	NTATION OF MI	Minus	ENDEN	CL AINA	=		X40=		OR	X80=	SK
<u> </u>	rino i Pricoc	NTATION OF IVIC	JUITEE DEP	EIADEIAI	CLAIM			+135=		OR	+270=	•
			-		•		<u> </u>	TOTAL		OR	TOTAL	
ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE												
ENT B		CLAIMS REMAINING	PORTO DOS PORTO PORTO PORTO	HIGH NUM	EST		Г		ADDI-			ADDI-
		AFTER AMENDMENT	and the same and had	PREVIO	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE	1.	RATE	TIONAL FEE
<b>AMENDMENT</b>	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		= .		X40=		OR	X80=	
Ĺ	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDENT	CLAIM		╽┠		• • • •	On ·	1 1	
				;			L	+135=		OR	+270=	
			•		s.F		Al	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
	The American	(Column 1)		(Colu		(Column 3)			٠ .	S	•	
ပ		CLAIMS REMAINING			HEST IBER	PRESENT	IT		ADDI-		· · .	ADDI-
ENT		AFTER AMENDMENT			OUSLY FOR	EXTRA		RATE	TIONAL   FEE	٠.	RATE	TIONAL FEE
AMENDMENT	Total	•	Minus	**	· · · · · · · · · · · · · · · · · · ·	=		X\$ 9=		OR	X\$18=	. /
ME	Ind pendent	•	Miñus	***		=		X40=	i .	OR	X80=	
亡	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		1  -				·	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR	+270=			
**	If the "Highest Nu	mb r Pr viously P	aid For" IN THI	S SPACE	is less tha	n 20, enter "20.	" Al	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid F r" (Total or Independent) is the highest number found in the appropriate box in column 1.												